

# Voluntary Registration for People with Medical, Access, Mobility, Special Needs, and/or Safety Concerns During an Emergency

## INSTRUCTIONS

- Complete a separate form for each person in your household that may require assistance during an emergency.
- Check off all items that apply.
- Please notify HCPHNS of any changes to your needs by calling 518-648-6497.

- Mail completed form to:  
Hamilton County Public Health & Nursing Service (HCPHNS)  
PO Box 250, 139 White Birch Lane  
Indian Lake, NY 12842
- Questions? Call 518-648-6497

## PERSONAL INFORMATION

Name:

Physical Address:

Do you live alone? ☐ Yes ☐ No ☐ 24-hour caregiver

Primary Phone:

Cell ☐  
Landline ☐

Alternate Phone:

Cell ☐  
Landline ☐

Year of Birth:

Email:

Primary Emergency Contact Name & Phone:

Secondary Emergency Contact Name & Phone:

Have you made arrangements with someone local to check on you during an emergency? ☐ Yes ☐ No

Are you out of county for a period of time during the year? ☐ Yes ☐ No Dates in county:

Do you have pets? ☐ Yes ☐ No If yes, type and number:

Have you made arrangements for your pets in the event that you need to evacuate? ☐ Yes ☐ No

If yes, describe:

## SENSORY & MENTAL HEALTH CONDITIONS

(check all that apply)

- ☐ Visually impaired ☐ Hearing impaired  
☐ Seizure disorder ☐ Dementia disorder  
☐ Mental health condition  
☐ Other (list)

## LIFE SUPPORT SYSTEMS & DEVICES

(check all that apply)

- ☐ Oxygen: [ ☐ Tank? or ☐ Concentrator?]  
☐ Dialysis: [ ☐ Home? or ☐ Clinic?]  
☐ Lifeline device ☐ IV fluids ☐ Suction unit  
☐ Feeding tube ☐ Ventilator  
☐ Other (list)

## MOBILITY

(check all that apply)

Are you confined to a bed? ☐ Yes ☐ No Do you need assistance walking? ☐ Yes ☐ No  
 Check mobility aids you use: ☐ Wheelchair ☐ Walker ☐ Cane ☐ Prosthesis ☐ Assistive animal  
☐ Other (list)

## EVACUATION REQUIREMENTS

(Check all that apply)

Do you have a back-up generator? ☐ Yes ☐ Automatic start ☐ Manual start ☐ No  
 If I have to evacuate my home, I plan to go to: ☐ Family ☐ Friend ☐ Shelter  
 Have you arranged for someone to help you evacuate? ☐ Yes ☐ No

Name:

Phone:

What type of transportation do you need? ☐ Standard vehicle ☐ Wheelchair ☐ Ambulance

☐ I have no medical, access, mobility or special needs at this time, but wish to be contacted during any emergency to check on my safety. I understand that this request may be considered a low priority during an emergency, in the event of limited resources.

## CONSENT AND PRE-AUTHORIZATION

*By registering, I consent and pre-authorize emergency response personnel/volunteers to enter my home during search and rescue operations if necessary to ensure my safety and welfare during an emergency or natural disaster. I acknowledge that completing this registration form is not a guarantee of service during an emergency. I understand that this information is reviewed and compiled by HCPHNS and shared with my participating Town.*

Print Name:

Signature:

Date:

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